

**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number  
Filing/ Issue Date  
Attorney Docket Number

**As set forth on the attached  
Schedule A**

**I hereby revoke all previous powers of attorney given in the above-identified application:**

☐ A Power of Attorney is submitted herewith.

**OR**

☒ I hereby appoint the practitioners associated with the Customer Number:

69,419

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number: 69,419

**OR**

☐ Firm or  
Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

**I am the:**

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name

David L. Bradfute, Ph.D., J.D.

Signature

*David L. Bradfute*

Date

November 16, 2009

Telephone

(858) 453-7200

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 form is submitted.